

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-000234

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 313

| | | | |
|--|---|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Boone</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia, Missouri</u> | | c. CITY OR TOWN <u>St. Charles</u> | |
| Length of stay in 1b <u>15 days</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>University of Missouri Medical Center</u> | | d. STREET ADDRESS (If outside, give location) <u>Rt. 1 South Shore</u> | |
| Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) First <u>Betty</u> Middle <u>Adcock</u> Last <u>Jones</u> | | 4. DATE OF DEATH Month <u>Jan.</u> Day <u>15</u> Year <u>1962</u> | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>9-27-27</u> |
| 9. AGE (last birthday) <u>34</u> | | IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>unknown</u> | |
| 11. BIRTHPLACE (City and state or country) <u>Alton Illinois</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Henry Adcock</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mable Allen</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>unknown</u> | | Address <u>Columbia, Missouri</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes <input type="checkbox"/> no <input checked="" type="checkbox"/> or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u>[redacted]</u> | |
| 17. INFORMANT <u>Medical Records University of Mo. Medical Center</u> | | Interval between ONSET AND DEATH <u>5 days</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pneumonia</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Lenses Cataracts</u> | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. | Month, Day, Year _____ | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | COUNTY STATE |
| 21. I attended the deceased from <u>12-31-61</u> to <u>1-15-62</u> and last saw her him alive on <u>1-15-62</u> Death occurred at <u>10:04</u> <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>RE Palmer</u> (Degree or title) <u>MD</u> | | 22b. ADDRESS <u>Umm Columbia Mo</u> | 22c. DATE SIGNED <u>1-15-62</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 23b. DATE <u>1-16-1962</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>White Hall Cem</u> | 23d. LOCATION (City, town, or county) (State) <u>White Hall, Ill</u> |
| 24. FUNERAL DIRECTOR <u>Lyman Sprinkle</u> ADDRESS <u>Columbia, Mo</u> | | 25. DATE RECD. BY LOCAL REG. <u>Jan 16, 1962</u> | |
| | | 26. REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u> | |

(Licensed Embalmer's Statement on Reverse Side)

JAN 25 19

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

~~or by~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Lyman H. Sprinkle

Licensed Embalmer No. 4013

P. O. Address Columbia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.